should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

FOR BINDING

ARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 60004
1. PLACE OF DEATH	9200)
County	Registration Dist. No.
Village or City Port 1 2 po	St., Ward
(If Length of residence in cily or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2 Fill Mark Casacaca	1 Olombans
2. FULL NAME 1001.	
(a) Residence: No. (Usual place of abode)	ASt, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 27- 1933- (Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of	
(or) WIFE of John Lo. Abrahams	1 HEREBY CERTIFY, Thet i attended deceased from 23, 19.33, to the 27, 19.33
6. DATE OF BIRTH (month, day, and year line 31, 1856	i last saw h.e alive on
7. AGE Years Months Deys If LESS than 1 dey,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
10 d ormin.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	Office Myscaratte 1927
9. Industry or business in which	Survey Guas Comment, 19 L.C.
work was done, as SILK MILL, A Young	
10. Date deceased last worked at this occupation month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Lost Ne Grant (State or country)	Other Ceatributery Causes of Importance:
13. NAME THU WILSON	
14. BIRTHPLACE (city or town)	Name of operation
(Astere of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME OF WHITE THE STATE OF THE ST	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) 11111	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CARREST TO COST IND	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLÂCE.
18. BURIAL, CREMATION, OR REMOVAL Place Yofsewell Cellbate June 30,1933	Manner of injury
19. UNDERTAKER LEGAL CALLERSON (Address)	24. Was disease or injury in any wey related to occupation of deceesed?
20. FILED 6/30, 1933 La Dewelins Registrat.	(Signed) M.D. (Address) Part & Arol & Y. A
	2411 N. Charles Street, Baltimore, Requesting U. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TATE OF THE PARTY			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

of OCCUPA-

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

I. PLACE	OF DEATH			<u> </u>	
	Cecil			Registration Dist. No. 126 90	
Village	or City Warwick	9		No	_War
Length of	f residence in city or town whe	ere death occurred	(11 yrsmos	No. St., death occurred in a hospital or institution, give its NAME instead of street and number) ds. How fong in U.S. if of foralgn birth?	, d
2. FULL	NAME Stillbo	orn Aiken			
(a) Resi	idence : No.			St., Ward.	
PERS	ONAL AND STATIS	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
3. SEX unkn	4. COLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH June 27 193 3	3
	· W	200	agle		ear)
HUSBAND (or) WIFE (of			22. I HEREBY CERTIFY, That I attanded decease	
S DATE OF RID	RTH (month, day, and year)	June 27.	1933		
7. AGE	Years Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month and spent in this securation (month and spent in this spent		****	Stillborn		
	ceased last worked at occupation (month and	11. Total ti spei	ime (yaars) nt in this upation		
12. BIRTHPLACE (city or town) Warwick (Stata or country) Md.			Other Cautributury Causes of importance;		
13. NAME	Rich R	Aiken	90		
la l	LACE (city or town)			Name of operation Data of	
(219:	te or country)	Mc	1.	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Annie Dignan 16. BIRTHPLACE (city or town) Md.		23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicida, or homicide?	}		
17. INFORMANT Crima Circle (Address) Middlelow Age RD 18. BURIAL, CREMATION, OR REMOVAL Place Date , 19		Fre RO	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
		Manner of injury			
19. UNDERTAKER Not any (Address)		24. Was disease or injury in any way related to occupation of dacaased?			
20. FILED	, 19	***************************************	Registrar.	(Signed) (Award Wodu gher) (Address) Madellelou I. S. E.	_M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the usc of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
12 8 8			
Other contributory causes of importance:	13 1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 06005
1. PLACE OF DEATH	93-6
County Cicil	Registration Dist. No. 7
Village or City Elkton	No. St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) s,ds. How long In U.S. if of foreign birth?yrsmosds
51 1 1	derson
Z. POLL NAME	
(a) Residence: No. //2/ Cusual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Tear)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I ettended deceased from
1	1931, to flame 9 - , 1935
6. DATE OF BIRTH (month, day, end yeer) Sec 3 /834 7. AGE Years Months Deys if LESS than	I fast saw hand alive on
7. AGE Years Months Deys if LESS than 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Zwee SAWYER, BOOKKEEPER, etc.	la eselvat
kind of work done, as SPINNER, AWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Emboligm 9/15
Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Chestertown PCD	Other Coutributory Causes of Importance:
(State or country) Many Law	- terrous mystardily
14. BIRTHPLACE (city or town) Chester town RS	
14. BIRTHPLACE (city or town) Chester Court / Court (State or country)	Neme of operation Date of
	What test confirmed diagnosis? Was there an eu'opsy? Was there an eu'opsy?
16. BIRTHPLACE (city or town) No deformation	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT (Address) Eletton Int	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PlacElkter Col Cuntery Oate James 13, 1933	Manner of injury
19. UNDERTAKER Zt. W. Jujuis (Address) Elkton Fred	24. Was disease or injury in any way related to occupation of deceased?
20. FILE SHIZE CZ , 1937 Bauen Straige Refistrar.	(Signed) M. (Address) M. (Address) M. (
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
-1121			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		A	

STATE OF MARYLAND-	CERTIFICATE OF DEATH 6000
1. PLACE OF DEATH,	93-6
	Registration Dist. No. 95
Village or City Constitution as	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred & & yrs	sds. How long in U.S. If of foreign birth?yrsmosds.
Length of residence in city or town where death occurred & byrs	Dery.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temale Colored Married (write the word)	(Month) (Day) (Tear)
5a. If married, widowed, or divorced HUSBAND of	
HUSBAND of John W. Berry	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH month, day, and year)	1) dist saw h & alive on June Ag 1933 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
83 9 29 I day,hrs.	ware 10 follows:
8 Trade profession or particular	Chronic myound dis Date of onset
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	4
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	V
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
year)	Other Country of Count
12. BIRTHPLACE (city or town) Philadelphia	Other Contributory Causes of Importance:
(State or country)	
13. NAME William Douglass	
I4. BIRTHPLACE (city or town) Ballingol	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
7 60	23. If death was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) Date of Country) (State or country)	Accident, suicide, or homicide?
17, INFORMANT Lorraine Berry	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Conowing o mal	· · · · · · · · · · · · · · · · · · ·
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place M. G. J. Date June 301933	Nature of Injury
19. UNDERTAKER J. G. Tysem	24. Was disease or injury in eny way related to occupation of deceased?
(Addiss) Pusing Sun Md,	If so, specify
20. FILES 17 10 10 10 10 10 10 10 10 10 10 10 10 10	(Signed) T. M. D.
Registrar.	(Address) partify you full
Crisis south 6 mgt bland a granded, address of Reports	2411 N. Charles Street, Baltimore, Requesting U. J. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	, ,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		, , , , , , , , , , , , , , , , , , , ,	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF PEATH	
County Pell	Registration Dist. No.
Village or City erryrlle, AF W.	No. St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME MISCHAUM BOR	ry.
(a) Residence: No. Jerry vely, Und A	Hold, Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR BIVORCED (**) At the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(61) WILL 01	June of 19 33 to June 4 19 33
6. DATE OF BIRTH (month, day, and year)	Plast saw h we alive on June 4 , 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1230 m.
3 9 10 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL fore Founday 10. Date deceased as worked at this occupable (month and	Pose trad all shoot lodge (0) 1/2
9. Industry or business in which	7.770
SAW MILL, BANK, etc. MILL tove foundry	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town Serryselle P. F. A.	Other Contributory Causes of importance:
(State or country) . Maryland .	(Itheromata)
13. NAME WILLIAM BOTTY. 14. BIRTHPLACE (city or town) Crypley,	
4 14. BIRTHPLACE (city or town) Myneld 1	Name of operation
(State or country)	What test confirmed diagnosis? MONL Was there an au'opsy?
15. MAIDEN NAMESCUSAYMA Villeful	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Lerry of ly	Accident, suicide, or homicide?, Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Allspring Zerry (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMANION, OR REMOVAL	
Place Soury Cluy at Silve 7,933	Manner of injury
Jan. C. Parthan	Nature of injury A DAL
(Address) Bryrlf y yolk	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 6-6, 1938 Zo. F. Sauders Registrar.	(Signed) Jesse Alle
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ano RUKEA Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY P	PHYSICIAN
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or-	STATE OF MARYLAND—	CERTIFICATE OF DEATH U60	08
infor state	1. PLACE OF DEATH		
tem of i	County Ocif p	Registration Dist. No.	190
5.2	Village or City & besty Trove My	No. St.	War
0,	142 2	f death occurred in a hospital or institution, give its NAME instead of street and nur	
Every MANS	Length of residence in city of town where death occurred 4.2 yrs. 3 mo	s. How long in U.S. if of foreign birth? Jo yrs. 6 mos.	5ds
Ev CI/	2. FULL NAME ALL Vergumen	1 Stadley	
RD. Every YSICIANS statement	(a) Residence: No. Liberty From / Sud	St., Ward	
- 6 -	(Usual place of abode)	If nonresident give city or town and Si	ale ·
RECC . PE	PERSONAL AND STATISTICAL PARTICULARS 3. SEX, 4. COLOR OR RAGE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
H X H	4. COLOR OR RAGE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 76	3
G L E	5a. If married, widowed, or divorced	(Month) (Day)	(Year)
IDING MANEN A CT assified	HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended dec	ceased from
BINDIN ERMAN EXAC' y classifi	(si)	June 21 1033 to June 26	19 3 2
BER EX y o	6. DATE OF BIRTH (month, day, and year) Secember 21. 18	21 last say her allve on free / 25 1933	death is said
	7. AGE Years Months Pays If LESS than	to have occurred on the date stated above, at 3 45 m.	
FOR IS A I stated properlifical	Country Sul Reve or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
- 00	8 Trade nunfaccion or particular	applify or Circhal	Date of enset
ED he	SAWYER, BOOKKEEPER, etc. South and Sclegren	Les Hemorthage of brains	Eu 2d
'RV' could may may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1 T	1
	Kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. S. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10 Date deceased last worked at this occupation (month and this occupation (month and this occupation).		
RESING IN AGE S that it ons on	this occupation (month and see 1917 spent in this 42		
7 < - 0	0 - 01 00	Other Contributory Causes of Importance:	
IN DIA	(State or country)	arlines Elevores	
ARGINE UNFA y supplied ain terms, See instru	The state of the s		931
UNI UNI suppl n tern	I The state of the		
H L Sunin t	14. BIRTHPLACE (city or town) (State or country)	Name of operation 200 specules Date of	/
	C V	What test confirmed diagnosis? Mustarecal Was there an auto	psy?ZLG.
5 6	II	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
INLY, be cal	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury	-, 19
im EA	5 12 00	Where did injury occur? Tea Careful Cypecify city or fown, county and State)	
PLA hould OF DI	(Address) Zite of two tests	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	-
7.7 70	18. BURIAL, CREMATION, OR REMOVAL	Manage of Jainer	
三 图 音	Place Wrat Northinglace Md Date June 28, 1933	Manner of Injury 200 surglery Nature of injury	
-WRITE mation s CAUSE TION is	LE T.		1
TO HOL	19. UNDERTAKER DAYSON	24. Was disease or injury in any way related to occupation of deceased?	
S. B.	1/20 1/20 +	(Signed) Ence of Andread	
× z	20. FILED (1 - 1903) Registrar.	(Address) Labrata Grove nel	M. D
1		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	
Ulm	WI JAMES 6-28-1123		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related confimportance were as follows:	auses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREA				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	STATE OF	MARYLAND-	CERTIFICATE OF DEATH 66	009
1	. PLACE OF DEATH	- /	48	
	County Cecilia	3/4	Registration Dist. No. 9	2
	Village or City Drow 24	ll	No. St.	Ward
			death occurred in a hospital or institution, give its NAME instead of street and s	number)
	Length of residence in city or town where deeth	occurred yrs. mos	ds. How long in U.S. if of foreign blrth?yrsmc	sds.
2	. FULL NAME Maran	a. Collin	scrown	
	(a) Residence: No.	(Usual place of abode)	Ward. If nonresident give city or town and	State
activity	PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	Diate
3. 5	The state of the s	SINGLE, MARRIED, WIDOWED, DR DIVORCED (write the word)	21. DATE OF DEATH	2
	71 W.	marrie	(Month) (Day)	(Year)
5e.	If married, widowed, or divorced HUSBAND of (or) WIFE of	a. Braum	22. HEREBY CERTIFY, That I attended	-
		112 18/11	Jaw 10 ,19 33,10 June 73	, 19 3
6. I	OATE OF BIRTH (month, day end year)	15-1860	105	; deeth is said
1.7	AGE Years Months	Days If LESS then 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance	
	8. Trede, profession, or particular	8 ormin.	were es follows:	Date of onset
NO NO	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	usuvil 1	Causer of uterus	1932
OCCUPATION	9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	and of warres	175
5		1		
00	10. Dete deceesed last worked et this occupation (month and	11. Total time (years) spent in this		
	year)	occupation	Other Contributory Causes of importence:	
12.	BIRTHPLACE (city or town) (State or country)	<u></u>		
œ	50 . 4	0.06	Slarvatory	1933
FATHER	13. NAME Black	1. Creens		
FA	14. BIRTHPLACE (city or town) (Stete or country)		Name of operation Date of	
2	15. MAIDEN NAME		Whet test confirmed diagnosis? Wes there en a	
MOTHER	10 dans	au wash	23. If death wes due to externel causes (VIOL ENCE) fill in elso the following	
웆	16. BIRTHPLACE (city or town) (State or country)	~	Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
	9-2-1-1	6. Bruse	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	:)
17.	(Address)	il head	open, ment apriy occine in ingestin, in home, of in reality in	VL.
18.	BURIAL, OREMATION, OR REMOVAL	9	Manner of Injury	
	Place thead Jennishing	ite Jem 26, 19.33	Nature of Injury	
19	UNDERTAKER PLIT TO	1	24. Was disease or injury in any way related to occupetion of deceesed?	us.
-5.	(Address)	11 one	If so, specify	
20	FILED June 24, 1933 / 200	en Frank	(Signed) Stalleren Johnson	M. D.
		Registrar.	(Address) New All Q	22

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting C. S. No. 1.

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To be complete, an occupation return must state:

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1.1923 1 year

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH (6010)
1. PLACE OF DEATH	
County Crail a	Registration Dist. No. 90
Village or City Jean Sulling Mil	No. St., Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Mr. Wearen Mala	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME JAMAGE T, CALON	WEEQ
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Awrite the word)	21. DATE OF DEATH 22 , 193 3 3 (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBANO of COO WIFE of COO WIFE OF	1 HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) May 31 = 1866	(Jast sew h elive on
7. AGE Yeers Months Deys If LESS then	to heve occurred on the dete stated above, etm.
67 — 22 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:
8. Trede, profession, or perticular	a - A
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	usslins / hum -
9. Industry or business in which work wes done, es SILK MILL, Duran Horning SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work wes done, as SILK MILL. SAW MILL, BANK, etc. 10. Oate deceased lest worked et this occupetion (month end yeer) occupetion occupetion	,
12. BIRTHPLACE (city or town) Sursuleus & Md (Stets or country)	Other Contributory Causes of Importance:
13. NAME 14. BIRTHPLACE (city or town)	Neme of operation Dete of
(Stete of country)	Whet test confirmed diegnosis? Wes there en eutopsy?
15. MAIDEN NAME / FILMING PACE	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME / LIMING FILE 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19, 19, 19, 19
17. INFORMANT Attendary (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Baluna Camelly Octo January 3, 1953	Neture of injury
19. UNDERTAKER AND A CAMPAGE A	24. Was disease or injury in eny wey related to occupetion of deceesed? If so, specify
20. FILED PULL 2 d, 19 33 A Down Registrar.	(Signed) M. D. (Address) M. D. (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chranic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 060	11
	state UPA-	1. PLACE OF DEATH	92-0	
1	of CC C	County Cecil .	Registration Dist. No. 95	
1)	should of OCC	Village or City Reserve Seen Md.	NoSt.,	Ward
	T SO		death occurred in a horpital or institution, give its NAME instead of street and nunds. How long in U.S. if of foreign birth? yrs. mos.	nber)
	D. Every SICIANS tatement	2. FULL NAME C MANAGE TY, Comme	Towning in 0.3.11 of total girl bitting yes	
	. = +	(a) Residence: No.	St Ward.	
	IX S	(Usual place of abode)	If nonresident give city or town and Sta	ate
	RECC PF Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Ü	ENT R TLY.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Market Market	21. DATE OF DEATH (Month) (Day)	93 3 (Year)
K	C T Sifie	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. O HEREBY CERTIPY. That I attended dec	ceased from
BIND	X A lass	aydua Comeun	Oat 193/ 10 Jun 23	19 3
BI	E E	6. DATE OF BIRTH (month, day, and year cug 23 188/	I last saw h malive on Junfel 23 , 19 33;	leath is said
R	IS A l stated proper	7. AGE Years Months Days If LESS than 1 day	to have occurred on the date stated above, \$2.0 45 n	
FO	IS A PE stated E properly certificate	S Trade sectories or sectionly	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
9	HIS be be of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEAPER, etc.		a.L.
RESERVED	ould may back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this coefficient (morthware).		Bet 193
ER		SAW MILL, BANK, etc		
ES	1 m + 0	this occupation (month and 1833 spant in this occupation / O		
	NFADING plied. AGI erms, so tha	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	4
GIN	AD. sed.	(State or country) Caril & md'	Julie de autor,	14 23
AR(UNF upplic term	13. NAME Potest Cameron		or of the
	FH U y sur lain to See	14. BIRTHPLACE (city or town) grown (State or country)	Name of operation 200 Juraleur Date of L	
	H = 6	(otote of country)	What test confirmed diagnosis? Was there an auto	ipsy?_200
	2.	15. MAIDEN NAME Emma SCott 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
1	PLAINLY, WI hould be careful OF DEATH in I very important.	O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?	_, 19
	be be imp	Car Car	Where did injury occur? (Specify city of town, coduty and State) Specify whether injury occurred in INDUSTRY, MOME, of INDUSTRY	
	Should OF D.	17. INFORMANT of dea Campon (Address) (Susen Son Ma	PLACE	•
-	she E O is v	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
1	-WRITE mation s CAUSE FION is	Place West y/s Clean yn son Md. y lund 96, 3.3	Nature of injury	
H.	WRITE mation si CAUSE TION is	19. UNDERTAKED C. Jyson	24. Was disease or injury In any way related to occupation of deceased?	2
S. No.	B.	(Addless) Pesling Sten Md.	If so, specify	
> >	ż	20. FILED (2-1933) Registrar.	(Address) Library home rul	M. D.
	Pon		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	
	0,000	my mouse & 11-19 20		

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
180 502			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE O	F MARYLAND	CERTIFICATE	F DEATH	00012
1. PLACE OF DEATH		740	9	6
County County	D. 10 D. 1. 1. 1.		Registration Dist. No.	
Village or City Sort We	Josef, STN	'No death occurred in a hospital or institution	St., give its NAME instead of street	ward
Length of residence in city of fown where d			reign birth?yrs	
2. FULL NAME	lla M. Ja	gelt.		
(a) Residence: No. 1.541/0	(Usual place of abode)	St., Ward.	If conresident give city or town	
PERSONAL AND STATISTIC	CAL PARTICULARS		TIFICATE OF DEAT	Н
Lemale White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Worth) (Day)	, 193. 5
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of // Cleans	B. Clagett.			ded deceased fro
5. DATE OF BIRTH (month, day, end year)	b.27/1870	I Jast saw h live on	3210 Fune	2, 19
7. AGE Years Months	Days If LESS then 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH a were as follows:		Data of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	armer	Inging	relinis	3ms
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9.Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased lest worked at	mert sufit.	<i>J</i>		
this occupation (month and 93	3 11. Total time (years) spant in this occupation	Other Contributory Causes of importa	nce;	
12. BIRTHPLACE (city or town) (State or country)	nd:	aluns	Luxis	101
13. NAME Scarles	Of insert			(
14. BIRTHPLACE (city or town) Back (State or country)	med.	Name of operation What test confirmed diagnosis?		
15. MAIDEN NAME AUROTT	Harris	23. If death was due to external causes	(VIDLENCE) fill in also the folio	wing:
15. MAIDEN NAME AURST	The Pasit	Accident, suicide, or homicide?	Date of injury	, 19
7. INFORMANT A. S.W. (oyst ma	Where did injury occur? Specify whether injury occurred in IN	(Specify city or town, county and IDUSTRY, in HDME, or in PUBLIC	State) PLACE.
8, BURIAL, CREMATION, DR REMOVADO	darde ma			
Place Lopiewell am	Dete / 11 / 3 19 3 :	Manner of injury		
19. UNDERTAKER OF A CA (Address) Serry we	Eleron .	24. Was disease or injury in eny way in it so, specify	related to occupation of deceased	. no
20. FILED Jene 14. 1933 Z	160 1	(Signed)	THEACH /	/ M

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06013

1.	PLACE OF	DEATH				(3)	
	County	Ceci	1			Registration Dist. No. 96	
	Village or C	ity_ <u>Vete</u>	rans! Ad	ministrat	ion Facili (If yrs O mos	ty No Perry Point, Md. St., death occurred in a hospital or institution, give its NAME instead of street and numb 29 ds. How long in U.S. if of foreign birth? yrs. mos.	Ward
2	FULL NAI			William		panish American War Veteran	
			7 E. St	reet, S.W		tonst, D.C. Ward.	
-	PERSON	AL AND	STATIST	CAL PARTIC		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	-
3. S		4. COLOR O	R RACE	5. SINGLE, MARR		21. DATE OF DEATH June 4 193	3.
5a.	If married, widow HUSBAND of (or) WIFE of	Mrs. L	ena Cli	ne		22. I HEREBY CERTIFY, Thet I attended decee	
6. D	ATE OF BIRTH (month, day, an	d vear) A	ugust 24,	1873	I last saw h 1m alive on June 4 1933 des	th is said
7. A	GE Year		Months 9	Days 10	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, at 12:23P m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
OCCUPATION	9. Industry or 1 work was SAW MIL 10. Date decease this occup	ork done, as S BOOKKEEPER ousiness in wh done, as SILK L, BANK, etc	etcich MILL,	11. Total tim	(Navy Yard Navy Yard ne (years) in this ation—Hnknow	2. Arteriosclerosis, general Und	1-33 eter- ed
12.	BIRTHPLACE (city			shington,		Other Contributory Causes of importance: 1. Myocarditis, diffuse 1	931
FATHER	13. NAME 14. BIRTHPLACE (State or	(city or town)	h C. Cl	line delphia,	Pa.	2. Nephritis Interstitial Ind 3. Thrombosis, cerebral, right, middle, cerebral Name of operation. Date of What test confirmed diagnosis? Climical, Laborathor Vautops	efini 930-
OTHER	15. MAIDEN NAM	ME Ann	77 - 7	Spauldir timore, N		23. If death was due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? NO Date of injury Date of injury	
17.	(State or NFORMANT (Address)	Hospi	tal Rec	ords		Where did injury occur? No injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	Place	hingto	n, D.C.	Date 6-5-	, 1933	Manner of injury	
19.	UNDERTAKER ET	enningto Havre	ingto deff. Fac	ie, Md.	•	24. Was disease or injury in any way related to occupation of deceased? NO.	
20. 1	FILED Thue	192	3 Ella	eles W. T	Mouredou	(Signed) ROGED P. HENTZ, Acting Manager.	M. D.

If more blanks are needed, address State Registrar, 2422 N. Charle Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	4 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of enset	The orincipal cause of dcath and related causes of importance were as follows:	Date of onset
Arteriösclerosis	71915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		alternation Large Control	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PH	ISICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Registration Dist No. pluods County item Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U. S. if of foreign birth? vrs. mos. ds. S .ds. Length of residence in city or town where deeth occurred RECORD, Every (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 4. COLOR OB RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND OF CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and veer) certificate 7. AGE Months Days If LESS than properl 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, pe JO SAWYER, BDDKKEEPER, etc., 9. Industry or business in which work was done, as SILK MILL, may back pluods SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) spent in this 2 this occupation (month and occupation instructions 12. BIRTHPLACE (city or town) ___ (State or country) supplied. plain terms, FATHER See Name of operation. 14. BIRTHPLACE (city or town) (State or country carefully What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: ij. importan Accident, suicide, or homicide?______ Date of injury______ 19 16. BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur? ___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT plnods OF (Address) 18. BURIAL CREMATION, OR REMOVAL Manner of Injury CAUSE Nature of injury. NOLL 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Date of onset

BINDING

RESERVED

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory eauses of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-FOR BINDING TION is very important. See instructions on back of certificate. RGIN RESERVED mation should be carefully supplied. AGE should be

STATE O 1. PLACE OF DEATH, County COUNTY	MITHIN OCHPONATE	S OKegistration Dist. No.	72
Village or City Celeton	, Med	No. Assess Hospital St., death occurred in a horpital or institution, give as NAME instead of street as	Ward number)
Length of residence in city or town where de			
2. FULL NAME	Cr.	they	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	1
3. SEX 4. COLOR OR BACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write M2 word)	21. DATE OF BEATH (Month) (Day)	193 3 (Year)
5a. If married, widowod, or divorced HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY That I attend	ded deceased from
S. DATE OF BIRTH (month, day, and year)	ine 6, 1933	I last saw h _ all on _ grand _ , 19.3	~
7. AGE Years Months	Days / If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	none	hace many?	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Other Contributory Canses of importance:	
12. BIRTHPLACE (city or town)	to, Hed	Other Continuous Causes of importance.	
13. NAME John Rober	of Crothery		
13. NAME Color Color 14. BIRTHPLACE (city or town) (State or country)	regland	Name of operation Date of What test confirmed diagnosis? Was there	
15. MAIDEN NAME Harace	+ Ruth Ubod.	23. If death was due to external causes (VIOL ENCE) fill in also the follo	
15. MAIDEN NAME Harace	ò	Accident, suicide, or homicide? Date of injury	
(State or country)	1	Where did Injury occur?(Specify city or town, county and	(State)
17. INFORMANT Jospilas	record	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place	Date, 19	Nature of injury	
19. UNDERTAKER formula		24. Was disease or injury in any way related to occupation of deceased	?
20, FILED & 11. 21, 19.3.3.	Buell-Luca	(Signed) and fufficient	M.

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Ex	ample I		Example II	
The principal cause of deat of importance were as follo	h and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	TOT 18 1884	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

of OCCUPA.

V. S. No. 1

Di.

certificate.

of

See instructions on back

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Havre de drace.

ing Manager.

3	IAIL	T WAR	TLAND-	CERTIFICATE OF DEATH	0010
1. PLACE OF DEAT	THI .			82-0	
County Cecil				Registration Dist. No. 90	5
Length of residence in cit	y or town where d	eath occurred	3yrs, 5mos	ty Noperry Point, Md. St., death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth? yrs.	War d number) mosd
2. FULL NAME				War vet. Sows, W. Va Ward. If nonresident give city or town a	and State
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR whi	or race		RIED, WIDOWED. D (write the word)	21. DATE OF DEATH June (Month) (Day)	, 193 3 (Yeer)
	s. Bessi	e Grier October	7 1079	January 3 1930 to June 16 1935	19. 33
6. DATE OF BIRTH (month, day 7. AGE Years 60	Months	Days 9	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 4:40P _m. The PRINCIPAL CAUSE OF DEATH end releted causes of Importence were es follows:	
8. Trade, profession, or pa kind of work done, s SAWYER, BOOKKEEI 9. Industry or business in work wes done, as S SAW MILL, BANK, e 10. Date deceased lest work this occupation (spin year)	es SPINNER, PER, etc	Oil Man Unknown 11. Totel t	ime (years) nt in this kn own	Cerebral Hemorrhage	Date of onse
E	lamis Gr	, W, ya.		Other Contributary Consess of importance: 1. Arteriosclerosis, cerebral 2. Arteriosclerosis of the retina, bilateral, pronounced	Unknown
14. BIRTHPLACE (city or tow (State or country)	vn)WVA	4		Name of operation None Dete of What test confirmed diegnosis Clinical & Laborate	
16. BIRTHPLACE (city or tow (State or country) 17. INFORMANT HO (Address) 18. BURIAL, CREMATION, OR RI	spital R	ecords Point, M	d.	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following Accident, suicide, or homicide? No note of injury. Where did injury occur? No injury (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC I	ing: , 19
Plece Washingt 19. UNDERTAKER PON (Address) Have	nington	Date June	19 ,19 33	Nature of Injury 24. Was disease or injury in any way related to occupation of deceesed?	No

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

A Registrar.

If so, specify

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Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1931	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SURRAU V.S.	,	, .	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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	Example I	9	Example II	
The principal cause of importance were as		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUL 5 1033	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	iritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURRAU V.S.	July 5,1927	Peritonitis	3 days ago
	× 1 po			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMEN	TS BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Cecil	Registration Dist. No.
Village or City Este Nule hid	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U. S. if of foreign birth?mosds.
2. FULL NAME Still Born to	huson
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF DEATH (Month) (Day) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIPY, That I attended deceased from
(or) WIFE of	June 17 1933, June 17, 1933
6. DATE OF BERTH (month, day, and year)	I last saw have alive on Just 17 , 1933 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 9.A.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Stieberth
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato daceased last worked at this occupation (month and	
10. Dato daceased last worked at this occupation (month and year) spant in this occupation	
12. BIRTHPLACE (city or town) Elle Neck	Other Contributory Causes of importance:
(State or country)	
14. BIRTHPLACE (city or town) Elb Nigh	
14. BIRTHPLACE (city or town)	Name of operation Data of
(Stata of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME OTA Briogram 16. BIRTHPLACE (city or town). Tells Muss	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dato of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT William Thursday (Address) World East Th	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL, Place Standard Child Date June 1, 1933	Manner of injury
19. UNDERTAKER Joseph R. Horus	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED 6-20-33, 19 Sea LV. Queles Registrar.	(Signed) M. F. (Address) Rank East, M. F.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I.	500	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BX	PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06019
1. PLACE OF DEATH	
County of each	PORATE TIS Begistration Dist. No. 92
Soft Del	No. Imon Hassetal St. Ward
Village or City Clflon Man	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME	arl
9 11 10	St. Ward.
(a) Residence: No. (Usual place of Bode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (writing the word)	21. DATE OF DEATH
While Single	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	Jon 29, 1933, 10 Jan 28, 1933
6. DATE OF BIRTH (month, day, and year) Lang >8-1933	l last saw h. Sive on 25, 19.13; death is said
7. AGE Years Month's Days I If LESS than	to have occurred on the date stated above, et
1 day, Ohrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	6 weeks abortion
A Sundustry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Union Hospital	Long anto trip
(State or country) Geletan Med.	-
13. NAME Pathan Beckly Kast	
13. NAME Pathan Beckly Kash 14. BIRTHPLACE (city or town) Delawase (State or country)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Daisey Cleaneth Lever	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Deusey Collected dever	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where did injury occur?
17. INFORMANT Doisy K. Karl	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Letter and.	-
18. BURIAL, CREMATTON, OR REMOVAL	Manner of injury
Place Otenus Oate , 19	Nature of Injury
Muior Horpital	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Addiess) Renta 22	If so, specify
	(Signed) Attout Cole - M. D.
20. FILED Punt 30, 19 3 Jan 1 Mars (T) the	(Address) Eertlon 2nd
- I	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

20. FILED

(Day)

Ward

(Year)

Oate of enset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT REC. RD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. -WRITE PLAINLY, WITH N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06021
1. PLACE OF DEATH	TRIED.
County Cicil WITHIN CORPORATE LI	Registration Dist. No. 92
Village or City Elkton	No. Union Hospital St., Ward
\/\/	death occurred in a horpital or institution, kive its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Elizabeth Mc Daniel	
(a) Residence: No. Claud place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temple White OR DIVORCED (write the word)	(Month) (Day) (Year)
5e. If married, widowed or divorced	
(or) WIFE of Septerson M Daniel	1933 to June 18 1933
6 DATE OF RIPTH (month day and year) 2 . (c. 17 - 18.52	I last saw h.e. alive on
6. DATE OF BIRTH (month, day, end year) Selly 17 100 17. AGE Years Months Oays If LESS than	to have occurred on the date steted above, at 3.30 Cm.
8/ / I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or particular	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Returned SAWYER, BOOKKEEPER, etc.	tracture felt hil
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, Tuttand SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	
o this occupation (month and spant in this occupation year)	
12. BIRTHPLACE (city or town) Near Ecklin	Other Contributory Causes of importance:
(State or country)	Winnay Oldenia
13. NAME - Barker	
13. NAME Barber Jackson Jackso	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) Dafornation (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town) Vafornation	Accident, suicide, or homicide? Accident Oete of Injury Vuy 13, 1933
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Walls on Daniel	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Sek Mills, MA	Menner of Injury Platt
redead, of Christiana Dete, July 1, 1933	Nature of injury Praceding & Refr Kul
0 2010 11	24. Wes disease or injury in eny way related to occupation of deceased?
19. UNDERTAKER 11.0, Miller Milly 2010	If so, specify
Verse 20 23 12 2 1 2	(Signed) & Cr. Curlingel M.D.
20. FILEO AME 19 19 TOTALEST TO Registrar.	(Address) Willia Sust, Wil
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		To a manage of the same of the	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06023
1. PLACE OF DEATH	1/62)
County Cecil THIN COMPORATE LIMITS	Registration Dist. No. 92
Village or City Elft	No. Writing This putal St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Walter C me	rey
(a) Residence: No. Ellton hid.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE OR DIVORCED (write the word) Neale of the word)	21. DATE OF DEATH June 7, 193 7. (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
11521 6 2 2	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at. 11:30 P.m.
58 8 23 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER ROOKKEPER etc.	Refle shot wound in right
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	temple - fracturing skull and 1 193
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	penetrating brain.
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc	Suicide is not homiside Carly
12. BIRTHPLACE (city or town) Claston, And, R.S. (State or country)	Other Contributory Causes of importance: Dut of work and despondent 5/20/3
13. NAME If m & Merren	our squares.
14. BIRTHPLACE (city or town) attletorning for	Nama of operation
(State of country) Ducker Coff	What tast confirmed diagnosis? Was there an au'opsy?_ he
15. MAIOEN NAME Sarah & Rutter	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Clifton, May 18.00	Assident, suicide, or homicide? Transmitted Date of injury 2, 19 33.
E (State or country) Cecel Co	Where did injury occur? Elle ten , his
17. INFORMANT Win B Merry (Address) Election my	Specify whether injury occurred in IMOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Electron Country Oate June 6, 1933	Manner of injury sulf inflicted gun shot would
19. UNDERTAKER DY W Propin	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED Johns 6, 1933 Jansh page X	(Signed) J. Roding Frager Corone M.D. (Address) Elkton M.d.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SECONDATE V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 66004
1. PLACE OF DEATH	93-60
County County	Registration Dist. No.
Village or City of Ne Vose Of	, Kno: St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds, How long in U.S. if of foreign birth?msmosds.
2. FULL NAME Yelly flag fift	kl
(a) Residence: No. Jay Melliosit, M.	St., Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR MACE 5. SINGLE, MARRIED, WIDOWED OB DIVORCED (partie the word)	21. DATE OF DEATH LAM 2/0 1933
5a. If married, widowed, or divorced HUSBAND of	Month) (Day) (Year) 22. 1 HEREBY CERTIFY, That attended deceased from
(ar) WIFE at Club M Miles Rel	Jan 26 10 27, 10 June 26 1928
6. DATE OF BIRTH (month, day, and year) well 2, 1839	I Jast/saw hamae alive on
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	Central ogo /26
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10, Date deceased last worked et 11. Total time (years) this genuation (morth and	
10. Date deceased last worked et 11. Total time (years) this occupation (month and 133 spant in this occupation	
12. BIRTHPLACE (city or town) forthle Cosit (899)	Other Coutributory Causes of importance:
(State or country)	Merre Selymon 1926
13. NAME 13. NAME 14. BIRTHPLACE (city or town) 102 Milliages 1	my rand 26 1929
14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL	Manner of Injury
19. UNDERTAKER TELEGRAPHICAL (Addjess), Configuration (Made 1988).	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 133 The Faully Registrar.	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Registrar	2411 N. Charles Street Raltimore Requested 7) S. No. v.

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	•	
Date of onset	The principal cause of death and related causes of importance were as follows:	
1915	Allock of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

S. No. 1	MRGIN RESERVED FOR BINDING
B.—WRITE PLAINLY, W mation should be carefu CAUSE OF DEATH in TION is very important	B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06005
1. PLACE OF DEATH	2.3
County Cest	Registration Dist. No. 9/
Village or City Cherapeake Cute	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME Paumond Ch	1. 2. 1.1
	you
(a) Residence: No. (Usual place of abode)	St.,Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dev) (Ver)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
0 0 2 2 1601	I last saw h. Tam alive on January 1937; death is sald
6. DATE OF BIRTH (month, day, and year) Sec. 23 /89/ 7. AGE Years Months Days If LESS than	to hava occurred on the data stated above, at
1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH end related causes of importance
4/ 3 23 ormin.	wera as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. Morris Onyenser. SAWYER, BOOKKEPER, etc.	auto lutinosa nos
SAWYER, BOOKKEEPER, etc.	
work was done, as SILK MILL, SAW MILL, BANK, etc.	1433
kind of work done, as SPINNER, Norma Dryensur. 8 AWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as StlK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) 11. Total tima (years) spent in this occupation.	3
Cl. 4. 6. 1.7 2	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) - Chesapter City State or country)	
13. NAME Um I Nowload	
E NI LOT	
4. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an au'opsy?
± 00 +	23. If death was due to axternal causes (VIOLENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State of County)	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Menner of injury
Place Delhill Conf. Date June 17., 1933.	Nature of injury
19. UNDERTAKER / L. Show:	24. Was diseasa or injury in any way related to oppupation of deceased?
(Address) Effetively ma	If so, specify
20. FILED 6/19, 19.33 B. Haward Brown Registrar.	(Signad) M. D. (Address) Plant 2009
Registrar.	(1000)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
T.V.	3 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(59)
County	Registration Dist. No.
Village or City Fort I EROU	No. St., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Baly Pr	eston
(a) Residence: No.	St., Ward.
(Usuai place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX / / / 1 4. COLOR OR PACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	June 70 193 3.
5a. If married, widowed, or divorced HUSBANO of	(Month) (Oay) (Year)
(or) WIFE of	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) They 3/-1 933	I last saw h eliva on 19, 1933 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6 P.m.
2 2 H 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oata decassad last worked at this occupation (months and this prographic of the company of the	Premature
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	(6'/ www.tho)
SAW MILL, BANK, etc	(6,2 00000)
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) Part Separt	Other Contributory Causes of Importance:
(State or country)	
13. NAME FEORE NO Philler 14. BIRTHPLACE (city or town). PAX Se fourt	
14. BIRTHPLACE (city or town) Part Reflact	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (Bornice Freston	23. If death was dua to external causes (VIOLENCE) fill In also the following:
(State or country)	Accident, suicide, or homicida? Oate of Injury, 19
Fra a H	"Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT A LANGE OF LOW (Address)	The second many seconds in the second many seconds and the second many second many seconds and the second many second
18. BURIAL, CREMATION OR REMOVAL AT SELECT, 21 32	Manner of injury
Placa Oate Oate 19	Nature of Injury
19. UNDERTARE LOS CALCERSON.	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Cerrynlle, Md.	0/10//
20. FILEO Lasse 21, 1933 L Fondero Registrar.	(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU Y. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	ķ
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A Day and Market			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

)	PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
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	ry	N	nt
	Eve	CIA	eme
	RD.	YSI	stat
	COI	PH	let
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Q.Z.	MA	KA	lass
BII	PER	E	ly c
)R	K	ted	per
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	PLA	ould	F
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V. S. No. 1

t e .	STATE OF MARYLAND—	CERTIFICATE OF DEATH 060,28
infor- state UPA-	1. PLACE OF DEATH	$ G_{31}$ G_{1}
F 5 /	County Cecil	Registration Dist. No.
should of OCC	Village or City near Port Deposit	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
Eve	2. FULL NAME Mary E. Of-lynolo	lo
CORD. Every PHYSICIANS oct statement	(a) Residence: No. O-out / Weyouthlace of abode)	St, Ward. If nonresident give city or town and State
RECORD PHYS Exact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T RE LY. Exa	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED. OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 8 (Oay) (Year)
MANENT A C T L assified.	5a. If macried, widowed, or divorced HUSBAND of (or) WIFE of 1 (22. I HEREBY CERTIFY. That I ettended deceased from
ERM. EXA y clas	william No agnocas	July 25,028, 10 June 8, 1933
PEI E Ily ate.	6. DATE OF BIRTH (month, day, and year) W cy 1/839 7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, et 8 . A m.
IS A PE stated E properly certificate.	75 - 28 I day, hrs.	The PRINCIPAL CAUSE OF DEATH end related couses of importance were as follows:
he st be pi be pi of ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and spent in this security of spent in this spent in this security of spent in this spent in thi	Chranic Interstetial 1928
ould may back	Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	7
	SAW MILL, BANK, etc	raganous
E 12 20	this occupation (month and spent in this occupation coupation	
NFADING oplied. AGH erms, so that instructions	12. BIRTHPLACE (city or town) 40 ck	Other Coutributory Causes of Importance:
AD) d. s, se	(State or country)	
UNFA supplied n terms,	13. NAME Cultrew J. Livney	
5 4 4	14. BIRTHPLACE (city or town)	Name of operation Dete of
IIIy olai	(State or country)	What test confirmed diagnosis? Was there an autopsy?
Y, WITH carefully I'H in pla ortant.	15. MAIOEN NAME Harriett Dean	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
Car EH ort	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
PLAINLY, WI hould be careful OF DEATH in pery important.	17. INFORMANT Mrs Frank Leutsman	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
E PLA should OF D	(Address) Bart Deposit had	
E S E	Place north Casy M. E Constant Sune 11, 19.33	Manner of injury
WRIT mation CAUSI TION	19. UNDERTAKER Joseph R. Gralit	24. Was disease or injury in eny way related to occupation of deceased?
B.	(Address) Horth Cost mg	If so, specify
ż	20. FILEO 6-10-33, 19 L + Sanders Registrar.	(Signed) MyD. (Address) North Court MyD.
	If you black an model of the State Points	Acces N. Charles Sweet Beltimore Beautine 71 S. No.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
7-101			
Other contributory causes of importance:		Other contributory causes of importance:	
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ADDITIONAL :	SPACE .	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. PHYSICIANS AGE should be stated EXACTLY. properly classified. ARGIN RESERVED FOR BINDING See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.-WRITE PLAINLY, WITH TION is very important.

V. S. No. 1

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should state

STATE OF MARYLAND—CERTIFICATE OF	DEATH	0603.
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1	. PLACE OF DEATH		(86-0)	al.
	CountyCecil		Registratio	n Dist. No.
	Village or City Perryvi	lle Md	No.	St Ward
			f death occurred in a hospital or institution, give its NA	ME instead of street and number)
	The state of the s		sds. How long in U.S.If of foreign birth?_	yrsmosds.
. 2	2. FULL NAME Donald	Wood Sanders		
	(a) Residence: No.		St., Ward.	
, I		(Usual place of abode)		ent give city or town and State
	PERSONAL AND STATISTICA		MEDICAL CERTIFICAT	E OF DEATH
3.	SEX 4. COLOR OR RACE 5.	OR DIVORCED (write the word)	21. DATE OF DEATH June	1023
-	-1 17	Single	(Month)	(Day) (Year)
Sa.	If merried, widowed, or divorced HUSBANO of		22. I HEREBY CERTI	FY, That I ettended deceased from
_	(or) WIFE of			
6.	DATE OF BIRTH (month, day, and year)	n 9- 1923	I last saw h alive on	
-	AGE Years Months	Oays If LESS than	to have occurred on the date stated ebove, et. \mathcal{S}_{-}	m.
	10 4	22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ca	
-	8. Trade, profession, or particular	1 01		Oate of onset
Ó	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.		skull	6/1/22
OCCUPATION	9. Industry or business in which work was done, as SILK MILL,	~		
CUI	SAW MILL, BANK, etc	Student	-	
00	10. Oate deceesed last worked at this occupation (month and	11. Total time (yeers) spent in this		
-	year)	occupation	Other Contributory Causes of importance:	
12.	BIRTHPLACE (city or town)	ton	-	
	(State or country)	Del.		
FATHER	13. NAME Lawrence F.	Sanders		
AT	14. DINTIN LAGE (City Of town)	ensboro	Name of operation	Date of
-	(State or country)	Md.	What test confirmed diagnosis?	Was there an autopsy? Las
MOTHER	15. MAIOEN NAME Florence	Wood	23. If deeth was due to external causes (VIOLENCE)	fill in also the following;
0	16. BIRTHPLACE (city or town) NOT		Accident, suicide, or homicide?	Date of Injury 19.3.3_
Σ	(Stete or country)	i.i.d	Where did injury occur?	ville, md
17.	INFORMANT Lawrence E	.Sanders	Specify whether Injury occurred in INOUSTRY, in I	HOME, or In PUBLIC PLACE.
	(Address) Perr	vyille	main Street	AA
18.	Place Varto (2000).	Week 6/3 33	Manner of Injury fall from as	istroad embarkment
19.	UNOERTAKER LE G. R. (Address) (Parry vi	theron	24. Was disease or Injury In any way related to occ	upation of deceased?
20.	FILED 6 2 , 19 33 27	Jandine!	(Signed) J. Modney Fr	ager Coroner 10.
		Registrar.	(Address)	Vivali

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1916	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		Y		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS	BY PHYSICIAN

FOR BINDING

ARGIN RESERVED

V. S. No. 1

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STATE OF MARTLAN	D CERTIFICATE OF DEATH 116035
1. PLACE OF DEATH	(Va)
County Cecil Village or City Elkton	Registration Dist. No. 92
Village or City Elkton	No. St., Ward
· · · · · · · · · · · · · · · · · · ·	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mr. David Scott	
(a) Residence: No. Elkton, Md.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE DE VORCED (write the w.	VED. 21. DATE OF DEATH June 22,
	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Mrs. Marie Hooper Scot	sept ember 11,31,6 June 22, 19 33
6. DATE OF BIRTH (month, day, and year) November 8th.	1 Town 00 77
7. AGE Years Months Days If LESS	4.00 D W
47 7 14 lday,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9 Trade profession or particular	in. Were as follows: Date of onset
kind of work done, as SPINNER SAWYER, BDOKKEEPER, etc. Banking Cashier Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Self inflicted bullet wound
9. Industry or business in which	through liver 6-20-33
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and 1927 spant in this 25	5 yrs.
year) occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Elkton,	
(State or country) Mar yl and.	Hemorrhage of liver 6-20-33
置 13. NAME Mr. Frank R. Scott	
13. NAME Mr. Frank R. Scott 14. BIRTHPLACE (city or town) Mar yland.	Name of operation Laparotomy Date of 6-20-33
(State of County)	What test confirmed diagnosis? Laparotomy Was there an au'opsy? no
15. MAIDEN NAME Rachel Jane Wilson, 16. BIRTHPLACE (city or town) (State or country) Panna	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Suicide Date of injury 6-20, 19 33
Slate or country) Penna.	Where did injury occur? Elkton, Md.
17. INFORMANT DeLancy Scott (Brother)	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Elkton? Md.	Home
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury Self inflicted bullet wound
Place Elkton, Md. Date June 25,	9 Nature of injury Penetration through liver
19. UNDERTAKER Mr. Harry Pippin	24. Was disease or injury in any way related to occupation of deceased?
(Address) Elkton Md.	If so, specify A 1 M 2 L
20 FILED June 24 .19 33 J. Frank Fra zer	(Signed) M.D.

STATE OF MADVI AND CEDTIFICATE OF DEATH

(Address) ____

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

RECEI VED 7/6/33 BUREAU VS

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrienter 27	1 year
		9.8.0	

	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	of in	plu	CCL	
	item	sho	of C	
M	ery	NS	ent	1
	Ev	ICL	atem	,
	ORD	HYS	t st	
	REC	Ъ.	Exac	
כיי	LN	LY	d .	
NIC	ANE	CT	sifie	-
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ED	HIS	pe	pe	of
ARGIN RESERVED FOR BINDING	LI	plno	may	hack
ESE	INK	E sh	it it	00
R.	ING	AG	e tha	fions
GIN	[AD]	ed.	18, St	fruci
AR	UNE	uppli	term	ing.
*	TH	ly sı	lain	S.
	WI	reful	in p	ant
1	MLY,	e ca	ATH	TION is very important. See instructions on back of certificate
	LAI	d bl	DE	rv in
F	E P	shou	OF	S VA
U	RIT	tion	USE	Z
1.0	M	ma	CA	TT
V. S. No. 1	4. B.			
>	H			

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	130 06033 24-	
County eccle	Registration Dist. No. 96	
Village or City or the Court	NI CONTRACTOR OF THE CONTRACTO	Ward
~ (1	f death occurred in a hospital or institution, give its NAME instead of street and number)	
1311	sds. How long In U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Sauther Sysas	inou	
(a) Residence: No. Israhlu val Mi	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OB RACE 5. SINGLE MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)	fune of 193	33
5e If inarried widowed or divorced	(Month) (Oay) (Yea	ar)
5e. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. / I HEREBY CERTIFY, Thet I ettended deceased	from
1.14101001	april 1933, to Mene 73, 19	3.3
6. DATE OF BIRTH (month, day, end year) Oft. 18, 1720	I lest sew h. L. alive on 23, 19.33; death I	ls seid
7. AGE Years Months Days If LESS than 1 day.	to have occurred on the dete stated ebove, etm.	
Ф огmin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were es follows:	onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Of to Donal not	
	Maur O wrenchy new	f
9. Industry or business in which work was done, as SILK MILL.	1 Mohloritie	12-
Date decessed last worked at this occupetion (month and spant in this	19	3-3
year) occupation f	Other Contributary Causes of Importance:	
12. BIRTHPLACE (city or town) or the Chiffred	Other Communicary Causes of Importance.	
(State or country)		
13. NAME Willy Shannon		
13. NAME 14. BIRTHPLACE (city or town) 14. Steph or country	Name of operation Date of	
(Stete of Country)	Whet test confirmed dlegnosis? Wes there en eu'opsy?_	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 1011 100 000 111	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:	
5 16. BIRTHPLACE (city or town) JON TO JOSEPH J	Accident, suicide, or homicide?, Dete of injury, 19_	
(State or country)	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT Jule Algunous:	Specily whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
(Address) Tachellaus 18. BURIAL, CHENATION OR REMOVAL		
Place of les buy Dete une 27 133	Menner of injury	
Sacra Cattelland	Neture of injury.	
19. UNDERTAKER CADDIES.	24. Was disease or Injury in any wey releted to occupation of deceesed?	
(a) - 23 / 1 - 1	If so, specify (Signed)	41.0
20. FILEO 7 1955 / DO CALLEURA Registrar.	(Signed) For Legion we	М. В.
If move blanks are moded address Seate Devices.	(neuros)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 7	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BOLLEY			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be

FOR BINDING

ARGIN RESERVED

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06034	
1. PLACE OF PEATH	47)	
County Cell	Registration Dist. No.	
Village or City Deflhedale	NoSt.,	_Ward
Length of residence in city) or town where death occurred yrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number, ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME DATE AS ASSOCIATION	Legeor	
(a) Residence: No. (Usual place of abode)	St., / Ward.	
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	-
3. SEX 4. COLOR OR PACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Male white OR DIVORCED (write the 190rd)	(Month) (Day) (Y	3
5a. If marriad, widowed, or divorced		ear)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. Thet I attended decease	- 4
Jan 18 1868	flast saw h. Live aliva on June 17, 19 0 3: death	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1000 m.	IS SAID
65 4, 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance	
8 Trade profession or particular	Date of	ofonset
8. Trade, profession, or particular kind of work dona, as SPINNER.	larguroma of	
Kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or businass In which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and the second in the second	dung 0 61	1/3/
10. Data deceased last worked at 11. Total time (years)		<i>'</i>
this occupation (month and 1924 spent in this 85		
12. BIRTHPLACE (city or town) Blythedale	Other Contributory Causes of importance:	
(State or country), make the country), and the country of the coun		
13. NAMENILLIAM Lattlor		
13. NAME 14. BIRTHPLACE (city or town) Brysles	Neme of operation	
(State of country)	What test confirmed diagnosis?	740
15. MAIDEN NAME LE AMBRA AL SASON 16. BIRTHPLACE (city or town) Blythadale (State or country)	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:	
[State or country]	Accident, suicide, or homicide? Date of injury, 19	9
(State of country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address) CARW, WAA.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OB REMOVAL	Menner of Injury	
Place Abyry Cell Date Junt 2019	Nature of injury	
19. UNDERTAKER LEEST. Callerson	24. Was disaasa or injury in any way related to occupation of deceased?	,
(Address) (lerry rely, Well.	If so, specify	
20. FILED 6/18 , 19.33 / L. F. Sanders	(Signed) for the agraw,	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of cyilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of informulied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPAproperly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. N. B.-WRITE PLAINLY, WITH

ARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u></u>
County beech	Registration Dist. No. 9/
Village or City near Chesapeake 6	No. St., Ward death/occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. AFD 1, Change he (Usual plage of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the) word)	21. DATE OF DEATH Succe (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin,	I last saw h elive on
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation occupation	atrophy since buth Oate of onset
12. BIRTHPLACE (city or town) RD / Chesapeake City (State or country)	Other Contributory Consessor importance: Lack & knowledge and sinsufficient founds by parents.
13. NAME Carl Edward Jimmens 14. BIRTHPLACE (city or town) Kenton (State or country)	Name of operation
15. MAIOEN NAME Florence Streets 16. BIRTHPLACE (city or town) Cheswold, Def. (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Carl 6. Summons (Address) 1721 Chesapeake City, Med	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Kenton Del Oate June 5, 1933	Manner of injury
19. UNDERTAKER / W. Pagini (Address) Elekton 2nd	24. Was disease or Injury in any way related to occupation of deceased?
20. FILEO 6/5 , 1933 B. Howard Brown Registrar.	(Signed) I Wohney Trager Gronger (Address) Elliton J. Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ţ[Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy A C To C	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		ABORNED!	
Other contributory causes of importance:	1000	Other contributory causes of importance:	21-1
Gallstones	May 1,1923	Gastroenteritis	1 year

			1.0

V. S. No. 1

	Vi)	ORD. Every item of infor-	HYSICIANS should state	t statement of OCCUPA-	
11	ED-FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	of certificate.
	ARGIN RESERVED FOR BINDING	WITH UNFADING INK-T	fully supplied. AGE should	n plain terms, so that it may	TION is very important. See instructions on back of certificate.
	.1	-WRITE PLAINLY,	mation should be care	CAUSE OF DEATH in	TION is very importan

	STATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	86.6
1. PLACE OF	DEATH	wwwja	MERCHANTE LU	WITS OF	000
County	ecil	do	non 1	Registration Dist. No. 9	2
Village or City	, Old	clon	The	L No. St.,	Ward
Length of reside	nce in city or town where	death occurred 6		death occurred in a hospital or institution, give its NAME instead of street and r	
	91	Jean occured	2	Jan 101 101 101 101 101 101 101 101 101 10	73
2. FULL NAM		ham!	James	Wanty.	
(a) Residence	:: No.	(Usual place	of abode)	St., Ward If nonresident give city or town and	State
PERSONA	L AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARI	RIED, WIDOWED,	21. DATE OF DEATH	3
11.	who	1 1 1 1	owed	(Month) (Day)	(Year)
5a. If married, widowed HUSBAND of (or) WIFE of	n, or divorced		6.11	22. I REREBY CERTIFY That I attended	deceased from
(OF) WIFE OF	norma /+	emph	M.	Thue 15 , 1933, 10 Mere 16	1,33
6. DATE OF BIRTH (m	onth, day, and year)	ef. 10	1870	Clast saw h A alive on full 16 , 1933	; death is said
7. AGE Years	Months	Days	If LESS than I day,hrs.	to have occurred on the date sated above, at / S m.	
63	4	17	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, professi	rk done, as SPINNER.	C. Si	7	Cherite blance	chil
9 Industry or bu	OOKKEEPER, etcsiness in which	-orpus	vu	0	977/50
SAW MILL,	BANK, etc				
O 10 Date deceased this occupa	last worked at tion (month end	11. Total ti sper	me (years) It in this		
year)	1	ОССИ	pation	Other Contributory Causes of importence:	
12. BIRTHPLACE (city (State or countr		apent	- Copy		
	7/	7	mya.		
E	mores of	umey		N	
14. BIRTHPLACE (Infor	makin	Name of operetion Date of What test confirmed diagnosis? Was there an a	utoneu?
15. MAIDEN NAMI	matha	5 //-	shill.	23, If deeth wes due to external causes (VIOLENCE) fill in also the following	
[←]	city or town) Z	10 1	-	Accident, suicide, or homicide? Date of injury	
≤ (State or c		when	notion	Where did injury occur?	
17. INFORMANT	Brank	Jun	res	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	e) ACE.
18. BURIAL, CREMATIC	N OR BENOVAL	- 0	/	Manner of Injury Stephen for neal	
Place	sephel les	Hate have	4 / 9 , 1935	Nature of injury Securities would of	foot.
19. UNDERTAKER	W.K.	Pohh		24. Was disease or injury In any way related to occupation of deceased?	no
(Address)	CHI	11/2	d,	If so, specify	
20. FILED June	-16,1923	back	Foser	(Signed) Starty 0 * March	м. D.
(/		,,,	Registrar.	(Address) Ala Aplane Uh	St. ort
	If more	planks are needed, a	adress State Kegistrar,	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had reduced from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
		Other contributory causes of importance;	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH plnods Registration Dist. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long in U. S. if of foreign birth? vrs. mos. ds. statement 2. FULL NAME RECORD. (a) Residence: No (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DAVORCED (write the word) CTL (Month) BINDING 5a. If married, widowed, or divorced HIISBAND of CERTIFY Thet I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Devs If LESS than FOR The PRINCIPAL CAUSE OF DEATH end releted causes of importance or____min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION RESERVED SAWYER, BOOKKEEPER, etc. may 9. Industry or business in which work was done, es SILK MILL SAW MILL, BANK, etc. 10. Oate deceased last worked a this occupation (month and 11. Total time (years) spant in this that occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) FATHER 14. BIRTHPLACE (city or town plain (State or country): efully What test confirmed diegnosis Wes there an europsy? // MOTHER 15. MAIDEN NAME 23. If deeth was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19. DEATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur? ___. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. plnods 17. INFORMANT OF (Address) OR REMOVAL 18. BURIAL, CREMATION Manner of injury CAUSE NOIL Neture of injury___ 24. Was diseese or injury in any wey related to occupation of deceased 19. UNOERTAKER (Address) If so, specify (Signed) 20. FILED. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. No. 1.

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BUREAU V. S.	,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, P Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME in stead of street and number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE | 5 SINGLE. 3 SEX 16 DATE OF DEATH De MARRIED. rhay be n back WIDOWED OR DIVORCED (Write the word) (Month) (Day) (Year). 6 DATE OF BIRTH 17 I HEREBY CERTIFY, That I attended the deceased from (Day) 7 AGE If LESS than I day hrs. The CAUSE OF DEATH * was as follows: B OCCUPATION n te (a) Trade, profession or particular kind of work 0 (b) General nature of industry a business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 00 10 NAME OF FATHER 00 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, et, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether (State or country) CAU 0 Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 00 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) CCU 13 BIRTHPLACE In the At place OF MOTHER of death. .yrs......ds. (State or country) D Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? Every Item CIANS sh statement usual residence (Informant) (Address) If mora banks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. For persons who have no occupation state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthguged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houselaborer, Farm laborer, Loborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Physician, Compositor, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever. write Nonc. busines, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH, household only inot paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a without more precise specification as Day (a) the kind of work and also (b) the (b) Automobile factory. The material Architect, single word or term on Locomotive engineer, 6 Grocery;

Streement of Cause of Death—Name, first, the DISEA:: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telunus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease eausing death), 29 ds.; Bronchopneumonia (secondary), approved (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, Chronic interstitial nephritis, American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Chronicand consequences (e.g., sepais etc. The contributory volvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.